

Case Number:	CM13-0014715		
Date Assigned:	03/26/2014	Date of Injury:	05/15/2008
Decision Date:	05/20/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is represented [REDACTED] employee who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of May 15, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of July 22, 2013, the claims administrator denied a request for an H-wave unit trial. The applicant's attorney subsequently appealed. A September 20, 2013, progress note was handwritten, sparse, difficult to follow, notable for comments that the applicant was having ongoing knee, low back, neck pain, 5/5 to 6/10. The applicant was asked to continue home exercises and medications. Naprosyn and Protonix were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME-H WAVE UNIT TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION TOPIC Page(s): 118. Decision based on Non-MTUS Citation MTUS:

CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, H-WAVE STIMULATION
TOPIC, 118

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of a one-month trial of an H-wave homecare system is contingent on evidence that an applicant has tried and failed other first, second, and third line treatments, including analgesic medications, physical therapy, home exercises, and a conventional TENS unit. In this case, however, there is no evidence that the claimant has failed conventional medications, physical therapy, home exercises, and/or conventional TENS unit, effectively arguing against the need for the H-wave device in question. Therefore, the request is not certified.